

Toxic Stress Steering Committee

Meeting Summary

October 17, 2014

Attendees

In person: Brandon Verzal, Ivy Bloom, Amy Bunnell, Betty Medinger, Jennifer Severe-Oforah, Sue Adams, Paula Eurek, Richard Mettler, Tiffany Mullison, and Mai Dang
On phone: Dr. Gina DiRenzo-Coffey, Jenny Brown, and Julie Rother

Welcome & Introductions

Richard Mettler called the meeting to order at 10:00am. Steering Committee members introduced themselves and Richard provided an overview of the agenda.

Review August 29, 2014 Meeting Summary

Members accepted the August Meeting Summary as presented.

Perception versus Prevalence of ACEs

At the August meeting, members discussed each of the 10 ACEs: which ACEs impacted our work, what ACEs may be connected or linked, perceived prevalence, and perceived detriment. Tiffany asked members to refer to the report “The Effects of Childhood Stress on Health Across the Lifespan,” page 7 to compare the Steering Committee’s perception of the prevalence of individual ACEs from the initial study. The initial phase of the ACE Study was conducted at Kaiser Permanente from 1995 – 1997. Over 17,000 adults were interviewed in conjunction with a comprehensive physical examination. Members shared some potential concerns with the original study: those surveyed were more likely to have insurance coverage, were Caucasian, middle and upper class, from California, and educated. Members expressed interest regarding more recent data collection and also data with a more diverse population.

Tiffany placed a sheet of paper with the rate for each ACE on the flip chart pages used by the group at the August meeting to visually show Steering Committee members their perceptions versus the prevalence in the original study.

Finalize the Charge of the Steering Committee

Richard asked members to finalize the charge. The charge focused on the 0 to 3 year old population because of the HRSA funding. The age range can be expanded to 0-8 population if the committee is interested. Early childhood programs typically cover the 0-8 population. Members came to consensus and agreed on the Charge:

Create and promote a multi-system, strategic plan for the identification, prevention, and mitigation of toxic stress in young children aged 0-3 years in Nebraska.

Tasks & Time Line for the Toxic Stress Steering Committee

Tiffany revisited the process the committee has been through since July. The first handout, Task & Time Line: From Nebraska’s report to HRSA, shows what was submitted to HRSA. The second handout on collective impact has been updated since the initial Steering Committee in July 2014, to include possible time frames to follow a Collective Impact model. Tiffany also noted a change in

the layout of today's agenda to better capture in each agenda item the connection and purpose, related to following a Collective Impact model.

With the last two meetings and today's session, the panel refined the Charge. The next step is to work on a SWOT analysis to help shape the strategic plan. The committee initially convened with 13 members, and has invited additional stakeholders. The goal is to work on a comprehensive plan identifying major issues and goals by May 2015. After that, we will disseminate and implement the operational plan. Members accepted the Tasks & Timeline handout as presented, with some suggestions:

- Build in protective factors. Betty will bring forward information on protective factors. Protective factors have two-fold purpose: prevention and mitigation on all levels – within the family and community.
- Expand the focus of the plan beyond children to cover adults too, especially young parents. Toxic stress is very much related to parents' stress. This also means placing more emphasis on the role of communities.
- Provide families with more supports and consider long and short term barriers including poverty, maternity leave, and, worksite wellness.
- Engage medical professionals – Ob/Gyn, general practice and family medicine who serve adults.
- Any proposed interventions need to be evidence based or best practice models.

Data Driven Decision Making

Jennifer Severe-Oforah shared a presentation on ACEs, originally developed by Kristin Yeoman, a Centers for Disease Control assignee to Nebraska. Kristin looked at the Nebraska data, specifically focusing on the connection between ACEs and health outcomes (tobacco use, disability, COPD).

ACE exposures are combined into two groups: Direct ACE, including of physical abuse, sexual abuse, and verbal abuse – versus Indirect or Environmental ACE, including mental illness, substance abuse, household abuse, incarceration, and divorce.

Nebraska adopted and conducted their survey by phone in 2010 and 2011, adding questions to the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS didn't include physical and emotional neglect in the questions.

The presentation helped depict several crucial points for mitigating toxic stress

- Environmental ACEs were more common than direct ACEs
- The environmental ACE percentages were within 3 percentage points for the original study and Nebraska data
- 53% of Nebraskans reported having at least 1 ACE
- All outcomes except cancer associated with at least 1 ACE
- 5 outcomes were associated with all individual ACEs

Tiffany placed a sheet of paper with the rate of each ACE for Nebraska on the flip chart pages used by the group in the August meeting. The group commented on the differences and similarities between the original study and Nebraska's results.

Jennifer asked members to let her know what data will be most helpful to bring to the Steering Committee to help guide data driven decision making. Betty suggested the Whole Population Indicators, a project under development through the Prevention Partnership and Nebraska Children's Commission. Tiffany suggested Health People 2020 early childhood information related to attachment and positive parenting. Tiffany mentioned a report recently released by Highlights, called The State of the Kid 2014. Children are surveyed annually; this year's report found 62% of children report their parents are distracted, with cell phones, named as the most common distraction.

Discussion of Social-Ecological Approach

Jennifer asked members to refer to page 11 of "The Effects of Childhood Stress on Health Across the Lifespan" report. The Social-Ecological Model includes four levels to better understand potential strategies for prevention.

- Individual: 1st level, choices each individual makes.
- Relationship: 2nd level, families individuals live in, schools they go to, relationships they have
- Community: 3rd level, what we can do at communities where most of the work happens
- Societal: 4th level, we touch policies statewide and nationwide here by giving recommendations. For a later stage, public communication would pose a challenge: would it sound like we are blaming when we actually are trying to educate parents/adults?

Toxic, Tolerable, and Positive Stress & Implications for a Strategic Plan

Richard asked members to refer to "The Effects of Childhood Stress on Health Across the Lifespan" report page 3 & 4 and the "Toxic Stress Impacts Early Childhood" handout. Members read the definitions of positive, toxic, and tolerable stress. The Steering Committee can also refine these three terms down the road as needed. Members discussed the other stressors such as combat, poverty, street violence, racism, natural disasters, school violence, which may be traumatic to children and families.

Next Steps

The meeting concluded at 12:00pm. The Steering Committee will undertake the SWOT process identifying Strengths, Weaknesses, Opportunities, and Threats in the next meeting. In the meantime, Jennifer and Tiffany will send out more data, reports, and research to members for reading.

2014 Meeting Dates

<u>Date</u>	<u>Location</u>
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December 12	State Office Building, 5 th Floor Room B
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Meetings are from 10am – 12pm, on Friday morning in Lincoln

ACEs – National & Nebraska at a Glance

		From Centers for Disease Control and Prevention & Kaiser Permanente's Health Appraisal Clinic, 1995-1997, N=17,000	From Nebraska, Behavioral Risk Factor Surveillance System [BRFSS], 2010-2011, N=10,293
Ace Category		Percentage self-reporting the ACE	Percentage self-reporting the ACE
DIRECT			
Abuse			
	Emotional Abuse	11%	26%
	Physical Abuse	28%	15%
	Sexual Abuse	21%	9%
Neglect			
	Emotional Neglect	15%	N/A
	Physical Neglect	10%	N/A
INDIRECT			
Household Dysfunction			
	Mother treated violently	13%	14%
	Household Substance Abuse	27%	25%
	Household Mental Illness	19%	16%
	Parental Separation or Divorce	23%	20%
	Incarcerated Household Member	5%	6%